BEST AVAILABLE COPY													
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001							Application or Docket Number						
CLAIMS AS FILED - PART (Cotumn 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			5	2				Ε	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 370.00		СЯ	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			5 2 minus 20=		32		X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			6 minus 3 a		. 3		X42=			1	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT	-,		n  -		$\dashv$		OR	A043		
								<b>:</b>		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						otumn 2	TOTA	F		OR	TOTAL		
CLAIMS AS AMENDED - PART II 4-6-05 (Column 1) (Column 2) (Column 3)							SMA	L E	NTITY	OR	OTHER SMALL		
AMENDMENT A		CEARLS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.52	Minus	- 5	2	• \	X\$ 9	.		OR	X\$18=		
	Independent	. 6	Minus		6	• \	X42:	.		ОЯ	X84= .		
PIAST PRESENTATION OF AC			LTIPLE DEPENDENT CLAIM			+140			OR	+280=			
			•				ADDIT. F			OA	YOYAL ADDIT, FEE		
8	7-3-05												
AMENDMENT B		CLAMS REMAINING AFTER AMENDMENT		HIGH HUM PREVIO PAID	BER	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.52	Minus	- 5	2	0	X\$ 9-	.		OR	X\$18=		
	Independent	. 6	Minus	200	2	• \	X42-	1		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=			OR	+280=		
							TOTA ADDIT. FI			OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ie L		•	LOOIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID I	EST SER WSLY	PRESENT EXTRA	RATE	-	ADDI- NONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	-			X3 9-	1			X\$18=		
	Independent	•	Minus	***		•		┿		OR			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X42=	4		OR	X84=		
							+140=			OR	+280=		
The Highest Municer Previously Peid For IN THIS SPACE is less than 20, error 20." Appro								Ę		OR .	YOTAL DOIT, FEE		
1	the "Highest Hum The "Highest Hum	mber Previously Pale ber Previously Pale	id For IN TH I For (Total o	19 SPACE in r Independa	ieta Sian I erb ei (In	13, enter "3." highest number			opriste box				

FORM PTO-678 (Plet 8/01)